

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

07

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

06

29

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2005		530585.12
(b) Cash on Hand at Beginning of Reporting Period	338035.20	
(c) Total Receipts (from Line 19)	76312.19	504883.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	414347.39	1035469.08
7. Total Disbursements (from Line 31)	66751.46	687873.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	347595.93	347595.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	29862.84	171690.75
(i) Itemized (use Schedule A)	24284.60	88997.79
(ii) Unitemized	54147.44	260688.54
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	5500.00
(c) Other Political Committees (such as PACs)	0.00	54147.44
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	54147.44	266188.54
12. Transfers From Affiliated/Other Party Committees	22000.00	236910.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	538.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	164.75	1247.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76312.19	504883.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76312.19	504883.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9901.46	17071.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	9901.46	17071.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56850.00	665175.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5540.00
29. Other Disbursements.....	0.00	87.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66751.46	687873.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	66751.46	687873.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	54147.44	266188.54
34. Total Contribution Refunds (from Line 28(d))	0.00	5540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54147.44	260648.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9901.46	17071.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9901.46	16533.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth G. Stella

Mailing Address 4671 Bedford Court

City State Zip Code
 Carmel IN 46033-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Hospital Association President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City State Zip Code
 Greenwood IN 46143-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City State Zip Code
 Greenwood IN 46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378438

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
 Ms. Jo Ann Birdzell

Mailing Address 12431 Van Buren St.

City State Zip Code
 Crown Point IN 46307-9210

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Catherine HospitalOccupation
Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378481

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Niceta Bradburn, M.D.

Mailing Address 9025 Kirkham Ct.

City State Zip Code
 Indianapolis IN 46260-1635

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Vincent Hospitals and Health ServiOccupation
Director Newborn Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378496

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 Vincent C. Caponi

Mailing Address 8166 Darnley Court

City State Zip Code
 Indianapolis IN 46260-2906

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Vincent HealthOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul Cardwell
Mailing Address 1407 Indian Hills Rd.

City State Zip Code
Monticello IN 47960-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
White County Memorial Hos-
pital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378518

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert S Curtis
Mailing Address 5505 W. Pineridge Road

City State Zip Code
Muncie IN 47304-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ball Memorial Hospital,
Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378545

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kyle De Fur
Mailing Address 1707 Mimosa Lane

City State Zip Code
Anderson IN 46011-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint John's Health System

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Blake A Dye			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 2805 W. County Road 250 S			Transaction ID: 11378573	
City State Zip Code New Castle IN 47362-9719			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Henry County Memorial Hos- pital		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Spencer L. Grover			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 3636 Emily Way			Transaction ID: 11378626	
City State Zip Code Carmel IN 46033-4442			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Indiana Hospital & Health Association		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) W. David Holloway, M.D.			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 1310 Woodland Crossing			Transaction ID: 11378668	
City State Zip Code Fort Wayne IN 46825-7241			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Parkview Hospital		Occupation SVP, Chief Quality Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Paul Janssen

Mailing Address P O Box 490

City State Zip Code
 New Castle IN 47362-0490

FEC ID number of contributing federal political committee.

C

Name of Employer
Henry County Memorial Hos-
pitalOccupation
Chief Financial Officer/Senior Vice Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378683

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Douglas J Leonard

Mailing Address 2574 California Street

City State Zip Code
 Columbus IN 47201-3649

FEC ID number of contributing federal political committee.

C

Name of Employer
Columbus Regional HospitalOccupation
Hospital Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378730

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Gregory W Lintjer

Mailing Address 53308 Monticola Lane

City State Zip Code
 Bristol IN 46507-9692

FEC ID number of contributing federal political committee.

C

Name of Employer
Elkhart General Healthcare
SystemOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378735

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 71

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles H Mason, Jr.
Mailing Address 6402 Cherry Hill Parkway

City State Zip Code
Fort Wayne IN 46835-9637

FEC ID number of contributing federal political committee.

C

Name of Employer
Parkview HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378753

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary A. Meyer
Mailing Address 2280 Locust Court East

City State Zip Code
Seymour IN 47274-8672

FEC ID number of contributing federal political committee.

C

Name of Employer
Schneck Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378770

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert E. Morr, Jr.
Mailing Address 5227 North Washington Boulevard

City State Zip Code
Indianapolis IN 46220-3060

FEC ID number of contributing federal political committee.

C

Name of Employer
Indiana Hospital & Health AssociationOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378785

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Samuel L. Odle

Mailing Address 1701 N. Senate Boulevard

City State Zip Code
 Indianapolis IN 46206

FEC ID number of contributing federal political committee.

C

Name of Employer
Clarian HealthOccupation
Senior Vice President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11378819

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles C Franz, , CHE

Mailing Address 4300 Bartlett Street

City State Zip Code
 Homer AK 99603-7000

FEC ID number of contributing federal political committee.

C

Name of Employer
South Peninsula HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381035

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Margaret R Peterson, , Ph.D.

Mailing Address 5810 Indiana Terrace Drive

City State Zip Code
 Simi Valley CA 93063-5770

FEC ID number of contributing federal political committee.

C

Name of Employer
Simi Valley Hospital and Health Care SOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ellen Zane
Mailing Address 750 Washington Street

City State Zip Code
Boston MA 02111-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381038

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Nathan O. Rosenberg
Mailing Address 920 Glenneyre Street
Suite #2

City State Zip Code
Laguna Beach CA 92651-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Rose Hospital

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381210

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Dwayne Thomas, M.D.
Mailing Address 2021 Perdido Street

City State Zip Code
New Orleans LA 70112-1396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Louisiana-
na at New Orl

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381391

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Starmann-Harrison

Mailing Address 3013 Bryn Wood Drive

City State Zip Code
 Madison WI 53711-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health Care-Wisconsin

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381442

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert A. Boysen

Mailing Address 10271 South Northlake Avenue

City State Zip Code
 Olathe KS 66061-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Leavenworth Heal

Occupation
Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381444

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
 Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Association

Occupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381455

Amount of Each Receipt this Period

222.24

SUBTOTAL of Receipts This Page (optional)

847.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
 Jefferson City MO 65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11381468

Amount of Each Receipt this Period

222.24

B. Full Name (Last, First, Middle Initial)

Mr. Terry O Finklein

Mailing Address 33671 Rainbows End Lane

City State Zip Code
 Warrenton OR 97146-7243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11382373

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Larry Walker

Mailing Address 4848 Hastings Drive

City State Zip Code
 Lake Oswego OR 97035-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Mount Hood Medical
Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11382375

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

722.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Skip Kriz Mailing Address 2095 Lakeview Drive City Eugene State OR Zip Code 97408-7207 FEC ID number of contributing federal political committee. C Name of Employer PeaceHealth Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11382377 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Barbara A. Zappas Mailing Address 2168 SW Kings Court City Portland State OR Zip Code 97205-1118 FEC ID number of contributing federal political committee. C Name of Employer Legacy Health System Occupation Senior Vice President Clinical Operati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11382378 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mrs. Rosemari Davis Mailing Address 2700 SE Stratus Avenue City McMinnville State OR Zip Code 97128-6498 FEC ID number of contributing federal political committee. C Name of Employer Willamette Valley Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11382385 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark Folger

Mailing Address 2519 Meadowcreek Drive

City State Zip Code
Medford OR 97504-3666

FEC ID number of contributing federal political committee.

CName of Employer
Asante Health SystemOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 19 2005

Transaction ID: 11382386

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Roy G Vinyard, II

Mailing Address 515 Coachman Drive

City State Zip Code
Jacksonville OR 97530-9418

FEC ID number of contributing federal political committee.

CName of Employer
Asante Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 19 2005

Transaction ID: 11382390

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. G. Kent Ballantyne

Mailing Address 5772 Bay Creek Drive

City State Zip Code
Lake Oswego OR 97035-6764

FEC ID number of contributing federal political committee.

CName of Employer
Oregon Association of Hos-
pitals & HealOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 19 2005

Transaction ID: 11382392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Gwen Dayton Mailing Address 12781 SW Terraview Drive City Tigard State OR Zip Code 97224-0703 FEC ID number of contributing federal political committee. C Name of Employer Oregon Association of Hospitals & Health Care Occupation Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 07 / 19 / 2005 Transaction ID: 11382396 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Kevin Earls Mailing Address 963 Parkway Drive NW City Salem State OR Zip Code 97304-3673 FEC ID number of contributing federal political committee. C Name of Employer Oregon Association of Hospitals & Health Care Occupation Vice President, Finance & Health Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 19 / 2005 Transaction ID: 11382397 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Craig A. Becker Mailing Address 9616 Brunswick City Brentwood State TN Zip Code 37027-8467 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 19 / 2005 Transaction ID: 11411275 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Monty McLaurin

Mailing Address 2000 Brookside Drive

City State Zip Code
Kingsport TN 37660-4682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Path Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11411277

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. James L McMackin

Mailing Address 421 South Main Street

City State Zip Code
Crossville TN 38555-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11411278

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Bruce W Steinhauer, M.D.

Mailing Address 877 Jefferson Avenue

City State Zip Code
Memphis TN 38103-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
at Memphis

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11411280

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut Mailing Address 1080 Cedar Drive Cedar Lake Estates City Camden State TN Zip Code 38320-6033 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11411281 Amount of Each Receipt this Period 250.00
Name of Employer Baptist Memorial Hospital-Huntingdon Occupation Vice Chair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave Mailing Address 1208 Brookview Drive City Brentwood State TN Zip Code 37027-8424 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11411282 Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Hospital Association Occupation Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00
C. Full Name (Last, First, Middle Initial) Mr. James E Ross, FACHE Mailing Address 2200 Kernan Drive City Baltimore State MD Zip Code 21207-6665 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11411322 Amount of Each Receipt this Period 250.00
Name of Employer James Lawrence Kernan Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth H Bancroft

Mailing Address 1 Huntress Court

City State Zip Code
Lutherville MD 21093-4011

FEC ID number of contributing federal political committee.

CName of Employer
St. Agnes HealthCareOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 19 2005

Transaction ID: 11411323

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Steve W Graddy

Mailing Address 1102 West 32nd Street

City State Zip Code
Joplin MO 64804

FEC ID number of contributing federal political committee.

CName of Employer
Freeman Health SystemOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 19 2005

Transaction ID: 11412291

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. William C. Schoenhard, FACHE

Mailing Address 420 Fairwood Lane

City State Zip Code
Kirkwood MO 63122-4429

FEC ID number of contributing federal political committee.

CName of Employer
SSM Health CareOccupation
Exec. V.P. & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 19 2005

Transaction ID: 11414276

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jimmy J. Blessitt			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 121 E. Baker Street			Transaction ID: 11414300	
City State Zip Code Indianola MS 38751-2498			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer South Sunflower County Hospital		Occupation Administrator & Chief Executive Office		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Eddie L. Foster			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 6425 Lakeover Road			Transaction ID: 11414305	
City State Zip Code Jackson MS 39213-8008			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Mississippi Hospital Association		Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. Dan M. Harrison			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5	
Mailing Address 110 South Lane			Transaction ID: 11414307	
City State Zip Code Newton MS 39345-2908			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Rush Foundation Hospital		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Andrew Mayo

Mailing Address 5241 Boswell Road

City State Zip Code
 Memphis TN 38120-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwood Behavioral Health
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11414313

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. William E Peaks

Mailing Address P O Box 1240

City State Zip Code
 Gulfport MS 39502-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden Park Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11414316

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

Ms. Barbara Prichard

Mailing Address 121 E. Baker Street

City State Zip Code
 Indianola MS 38751-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Sunflower County Ho-
spital

Occupation
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11414319

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. George F Lynn
Mailing Address 11 Fischer Road

City State Zip Code
Linwood NJ 08221-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
AtlantiCare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11415994

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Brehm
Mailing Address 28 Fawnridge Drive

City State Zip Code
Long Valley NJ 07853-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Rehabilitation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11415997

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary S. Carter, FACHE
Mailing Address 35 DeHart Drive

City State Zip Code
Belle Mead NJ 08502-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Association

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11415998

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph P Coyle

Mailing Address 46 Cypress Lane

City

Cedar Run

State

NJ

Zip Code

08092-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ocean County Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11415999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.51

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11416000

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Mr. Alexander J. Hatala

Mailing Address 1 Lucas Court

City

Mt. Laurel

State

NJ

Zip Code

08103-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of Lourdes Medic-
al Center

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 5

Transaction ID: 11416006

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

780.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John P McGee

Mailing Address 6 Old Mill Road

City State Zip Code
 Holmdel NJ 07733-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solaris Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 8 / 2 0 0 5

Transaction ID: 11416008

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Ms. Donna R. Pizzulli

Mailing Address 84 Stearnbank Drive

City State Zip Code
 Freehold NJ 7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 8 / 2 0 0 5

Transaction ID: 11416041

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)

Dr. Bruce M Gans, M.D.

Mailing Address 6 Amherst Road

City State Zip Code
 Chatham NJ 07928-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 8 / 2 0 0 5

Transaction ID: 11416057

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jodi Bloch Mailing Address 207 N Spooner Street City Madison State WI Zip Code 53726-4034 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11420322 Amount of Each Receipt this Period 520.00
B. Full Name (Last, First, Middle Initial) Mr. Eric Borgerding Mailing Address 325 Glacier Ridge Tr City Verona State WI Zip Code 53593-1754 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Sr. Vice President, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.62		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11420323 Amount of Each Receipt this Period 651.62
C. Full Name (Last, First, Middle Initial) Ms. Laura Leitch Mailing Address 4222 Mandan Crescent City Madison State WI Zip Code 53711-3062 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Vice President and General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 631.83		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11420324 Amount of Each Receipt this Period 631.83

SUBTOTAL of Receipts This Page (optional)

1803.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Judith Warmuth Mailing Address 231 W School Street Route 4 City Belleville State WI Zip Code 53508-9599 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation VP, Workforce Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 633.51		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11420325 Amount of Each Receipt this Period 633.51
B. Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher Mailing Address 205 Fallis Road City Columbus State OH Zip Code 43214-3770 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11422583 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE Mailing Address 2239 Charter Point Drive City Arlington Heights State IL Zip Code 60004-7226 FEC ID number of contributing federal political committee. C Name of Employer Evanston Northwestern Healthcare Occupation President, Hospitals and Clinics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11422584 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1133.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Kanter
Mailing Address 740 Oakwood Avenue

City State Zip Code
Dayton OH 45419-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance of Greater
Cincinnati

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11422588

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Aurora Lambert
Mailing Address 12042 Cedar Creek Drive

City State Zip Code
Cincinnati OH 45240-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11422589

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. George A. Schaefer, Jr.
Mailing Address 3200 Burnet Avenue

City State Zip Code
Cincinnati OH 45229-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance of Greater
Cincinnati

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11422592

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Robert Wile Mailing Address 185 N. Brookwood Avenue P.O. Box 1-3301 City Hamilton State OH Zip Code 45013-1211 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11422594 Amount of Each Receipt this Period 250.00
Name of Employer University Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Jeffrey L. Wyler Mailing Address 3200 Burnet Avenue City Cincinnati State OH Zip Code 45229-3099 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11422595 Amount of Each Receipt this Period 250.00
Name of Employer Health Alliance of Greater Cincinnati Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. Terrance M. Burns Mailing Address 75 Drew Court City Springboro State OH Zip Code 45066-8693 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 5 Transaction ID: 11430144 Amount of Each Receipt this Period 250.00
Name of Employer Grandview Hospital and Medical Center Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mandy C Goble
Mailing Address 205 Palmer Avenue

City State Zip Code
Bellefontaine OH 43311-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11430150

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Griffith
Mailing Address 3200 Burnet Avenue

City State Zip Code
Cincinnati OH 45229-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Hamilton Hospital

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11430151

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Alexander Rodriguez
Mailing Address 2375 Titian Drive

City State Zip Code
Cincinnati OH 45244-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital

Occupation
VP Technology Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11430158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas L Sieber

Mailing Address 800 Forest Avenue

City State Zip Code
 Zanesville OH 43701-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11430159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Troy A. Tyner, DO

Mailing Address 1181 Grand Portage Trail

City State Zip Code
 Beavercreek OH 45385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Medical Center

Occupation
Interim V.P. Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 5

Transaction ID: 11430161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah B. Buck

Mailing Address 2052 Pinehurst Drive

City State Zip Code
 Ames IA 50010-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Greeley Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 5

Transaction ID: 11434760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John Countzler

Mailing Address PO Box 20007

City State Zip Code
 Owensboro KY 42304-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owensboro Medical Health
System

Occupation
Accounting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 5

Transaction ID: 11434769

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address 1047 Daisy Lane

City State Zip Code
 Louisa KY 41230-9627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Three Rivers Medical Cent-
er

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 5

Transaction ID: 11434771

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)

Mr. Wayne B Griffith, , FACHE

Mailing Address 100 Medical Center Drive

City State Zip Code
 Hazard KY 41701-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hazard ARH Regional Medic-
al Center

Occupation
Cluster Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 5

Transaction ID: 11434772

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Katie Vaughan Mailing Address 10-B Auburn Court City State Zip Code Alexandria VA 22305-2924 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.60		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1034595115356 Amount of Each Receipt this Period 38.48 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 577.05		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726215356 Amount of Each Receipt this Period 76.94 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal Mailing Address 325 Seventh Street, NW City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 272.76		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613615356 Amount of Each Receipt this Period 45.46 P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶		160.88
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727315356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.52

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745915356

Amount of Each Receipt this Period

90.92

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
 Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801715356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

213.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.76

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812015356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851915356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858015356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

167.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942115356

Amount of Each Receipt this Period

95.24

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136915356

Amount of Each Receipt this Period

90.92

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code
Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223815356

Amount of Each Receipt this Period

50.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

236.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Calbreith L. Simpson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224815356

Amount of Each Receipt this Period

83.34

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224915356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260915356

Amount of Each Receipt this Period

153.88

P/R Deduction (\$80.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

314.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310415356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen
Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312715356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341815356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

230.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.08		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511815356 Amount of Each Receipt this Period 41.68 P/R Deduction (\$47.60 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City State Zip Code Arlington VA 22205-1655 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.08		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512015356 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl Mailing Address 801 Pennsylvania Ave, NW #245 City State Zip Code Washington DC 20004-2615 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767015356 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

163.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey

Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013415356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215715356

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Tama Mattocks

Mailing Address 325 Seventh Street, NW
Liberty Place, Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330273415356

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

165.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475415356

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. Donald Nielsen, MD

Mailing Address 195 Oxford Court

City State Zip Code
Alamo CA 94507-1753

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330524815356

Amount of Each Receipt this Period

76.94

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.76

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534315356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

202.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City Chicago State IL Zip Code 60611-7424 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.10		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547715356 Amount of Each Receipt this Period 47.62 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549215356 Amount of Each Receipt this Period 50.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church State VA Zip Code 22046-2613 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.88		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331533215356 Amount of Each Receipt this Period 43.48 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

141.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.76

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR517619715356

Amount of Each Receipt this Period

45.46

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

45.46

TOTAL This Period (last page this line number only)

29862.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 71

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 5

Transaction ID: 11414321

Amount of Each Receipt this Period

10000.00

B. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

62000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 5

Transaction ID: 11434739

Amount of Each Receipt this Period

12000.00

SUBTOTAL of Receipts This Page (optional)

22000.00

TOTAL This Period (last page this line number only)

22000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1247.29

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 9 / 2 0 0 5

Transaction ID: 11434754

Amount of Each Receipt this Period

164.75

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

164.75

TOTAL This Period (last page this line number only)

164.75

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 11434750

Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

3.50

Bank Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 11434751

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

28.50

Bank Fees

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 11434752

Date of Disbursement

07 / 19 / 2005

Amount of Each Disbursement this Period

69.46

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

101.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Public Opinion Strategies

Mailing Address 214 North Fayette Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Polling, portion in-kind to Hart. See S

Candidate Name

005
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 11422681

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

9800.00

Polling, portion in-kind
to Hart. See Sept report.

SUBTOTAL of Disbursements This Page (optional)

9800.00

TOTAL This Period (last page this line number only)

9901.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Talent For Senate Committee

Mailing Address 147 N Meramec Suite 100

City State Zip Code
St Louis MO 63105

Purpose of Disbursement
Contribution

Candidate Name
Sen. James M. Talent

Office Sought: ☐ House
☒ Senate
☐ President

State: MO District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11336341

Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walden For Congress Inc

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Greg Walden

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11336056

Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sue Kelly For Congress

Mailing Address PO Box 599

City State Zip Code
Katonah NY 10536

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue W. Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11336464

Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lincoln Davis For Congress

Mailing Address PO Box 350

City
Jamestown

State
TN

Zip Code
38556

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lincoln Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 4

Transaction ID: 11334523

Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Regula For Congress Committee

Mailing Address 228 S. Washington St. Ste. 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Void of 9/9/2004 Contribution

Candidate Name
Rep. Ralph Regula

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: OH District: 16

2004 General Congress

Transaction ID: 11333880

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 9/9/2004 Contribution

Full Name (Last, First, Middle Initial)

C. Volunteer PAC

Mailing Address 2000 Glen Echo
Suite 107

City
Nashville

State
TN

Zip Code
37215

Purpose of Disbursement
Void of 8/24/2004 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11333869

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-5000.00

Void of 8/24/2004 Contribution

SUBTOTAL of Disbursements This Page (optional)

-5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Billy Tauzin Committee

Mailing Address 2900 M Street, NW #300

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Void of 9/12/2003 Contribution

Candidate Name
Rep. W. (Billy) J. Tauzin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: LA District: 3

2004 Primary Congres

Transaction ID: 11333847

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-5000.00

Void of 9/12/2003 Contrib-
ution

Full Name (Last, First, Middle Initial)

B. Norwood For Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
Void of 3/3/05 contribution

Candidate Name
Rep. Charles W. Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: 11445021

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 3/3/05 contributi-
on

Full Name (Last, First, Middle Initial)

C. Julia Carson For Congress Committee

Mailing Address P.O. Box 44088
740 Market Square Center

City
Indianapolis

State
IN

Zip Code
46244

Purpose of Disbursement
Void of 8/20/2003 Contribution

Candidate Name
Rep. Julia M. Carson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 7

2004 Primary Congres

Transaction ID: 11333841

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 8/20/2003 Contrib-
ution

SUBTOTAL of Disbursements This Page (optional)

-7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City
Lumberton

State
NC

Zip Code
28359

Purpose of Disbursement
Void of 9/2/2003 Contribution

Candidate Name
Rep. Mike McIntyre

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: NC District: 7

2004 Primary Congres

Transaction ID: 11333843

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 9/2/2003 Contribu-
tion

Full Name (Last, First, Middle Initial)

B. Brian Baird For Congress

Mailing Address PO Box 5016

City
Vancouver

State
WA

Zip Code
98668

Purpose of Disbursement
Void of 2/17/2004 Contribution

Candidate Name
Rep. Brian Baird

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: WA District: 3

2004 Primary Congres

Transaction ID: 11333855

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-250.00

Void of 2/17/2004 Contribu-
tion

Full Name (Last, First, Middle Initial)

C. Mikulski For Senate Committee

Mailing Address P O B 13147

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement
Void of 2/20/2003 Contribution

Candidate Name
Sen. Barbara A. Mikulski

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: MD District: 2

2004 Primary Congres

Transaction ID: 11333381

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 2/20/2003 Contribu-
tion

SUBTOTAL of Disbursements This Page (optional)

-2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Void of 9/16/2003 Contribution

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 2

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

2004 Primary Congres

011
Category/
Type

Transaction ID: 11333851

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 9/16/2003 Contribu-
tion

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa Delauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Void of 6/6/2003 Contribution

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 3

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

2004 Primary Congres

011
Category/
Type

Transaction ID: 11333840

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 6/6/2003 Contribu-
tion

Full Name (Last, First, Middle Initial)

C. Latham For Congress

Mailing Address PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement
Void of 9/22/2004 Contribution

Candidate Name
Rep. Thomas P. Latham

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 4

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

2004 General Congres

011
Category/
Type

Transaction ID: 11333886

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-2000.00

Void of 9/22/2004 Contribu-
tion

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Castle Campaign Fund

Mailing Address P.O Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
Void of 9/13/2004 Contribution

Candidate Name
Rep. Michael N. Castle

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: DE District: 1

2004 General Congres

Transaction ID: 11333884

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 9/13/2004 Contrib-
ution

Full Name (Last, First, Middle Initial)

B. Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
Void of 5/13/2003 Contribution

Candidate Name
Sen. Robert F. Bennett

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: UT District: 2

2004 Primary Congres

Transaction ID: 11333498

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 5/13/2003 Contrib-
ution

Full Name (Last, First, Middle Initial)

C. Barney Frank For Congress Committee

Mailing Address PO Box 260

City
Newtonville

State
MA

Zip Code
02460

Purpose of Disbursement
Void of 10/4/2004 Contribution

Candidate Name
Rep. Barney Frank

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: MA District: 4

2004 General Congres

Transaction ID: 11333889

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-2000.00

Void of 10/4/2004 Contrib-
ution

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nunes For Congress

Mailing Address PO Box 891

City
Pixley

State
CA

Zip Code
93256

Purpose of Disbursement
Void of 4/20/2004 Contribution

Candidate Name
Mr. Devin Nunes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 21

2004 General Congress

Transaction ID: 11333859

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 4/20/2004 Contribution

Full Name (Last, First, Middle Initial)

B. Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Void of 6/29/2004 Contribution

Candidate Name
Rep. Scott Garrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: NJ District: 5

2004 General Congress

Transaction ID: 11333862

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 6/29/2004 Contribution

Full Name (Last, First, Middle Initial)

C. Kolbe For Congress

Mailing Address P O Box 31568

City
Tucson

State
AZ

Zip Code
85751

Purpose of Disbursement
Void of 10/4/2004 Contribution

Candidate Name
Rep. James T. Kolbe

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼

State: AZ District: 8

2004 General Congress

Transaction ID: 11333892

Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

-2000.00

Void of 10/4/2004 Contribution

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress Inc.

Mailing Address Pob 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 11376792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. ROYB - Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11376771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Saxton

Mailing Address PO Box 795

City
Mount Holly

State
NJ

Zip Code
08060

Purpose of Disbursement
Contribution

Candidate Name
Rep. James Saxton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 3

Transaction ID: 11376801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Taylor For Congress Committee

Mailing Address PO Box 2355

City
AshevilleState
NCZip Code
28802Purpose of Disbursement
ContributionCandidate Name
Rep. Charles H. Taylor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 11376799

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

B. Lot Of People For Dave ObeyMailing Address 525 Washington St
PO Box 1322City
WausauState
WIZip Code
54402Purpose of Disbursement
ContributionCandidate Name
Rep. David R. Obey011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 7

Transaction ID: 11376775

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City
Los AngelesState
CAZip Code
90048Purpose of Disbursement
ContributionCandidate Name
Rep. Henry A. Waxman011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 11376780

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Dewine For Us Senate

Mailing Address PO Box 340188

City
Columbus

State
OH

Zip Code
43234

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mike DeWine

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 1

Transaction ID: 11376772

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 8

Transaction ID: 11376785

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Craig Thomas

Mailing Address 2780 Olive Dr

City
Cheyenne

State
WY

Zip Code
82001

Purpose of Disbursement
Contribution

Candidate Name
Sen. Craig Thomas

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 1

Transaction ID: 11376768

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street, NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376809

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Ken Calvert For Congress

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ken Calvert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 44

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376770

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. ARMPAC - Americans for a Republican Majority PAC

Mailing Address 117 Second Street, NE
Ste. 2

City Washington State DC Zip Code 20002

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376810

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ensign For Senate

Mailing Address PO Box 26568

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement
Contribution

Candidate Name
Sen. John E. Ensign

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 2

Transaction ID: 11376821

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nunes For Congress

Mailing Address PO Box 891

City
Pixley

State
CA

Zip Code
93256

Purpose of Disbursement
Contribution

Candidate Name
Mr. Devin Nunes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 11376815

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rodney Alexander For Congress Inc.

Mailing Address PO Box 367
319 Nancy Road

City
Quitman

State
LA

Zip Code
71268

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rodney Alexander

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 5

Transaction ID: 11376816

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. JAZZ PAC

Mailing Address 607 - 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11376804

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. SnowPAC

Mailing Address 175 South West Temple
Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11376802

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Longhorn PAC

Mailing Address 228 S. Washington St.
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11376812

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. To Organize a Majority PAC

Mailing Address PO Box 752

City
Des Moines

State
IA

Zip Code
50303

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376808

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Louisiana Reform PAC

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376814

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Narragansett Bay PAC

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376807

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Leadership Empowerment and Development PAC

Mailing Address PO Box 12703

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11376813

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement
Contribution

Candidate Name
Rep. John S. Tanner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 8

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11378878

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Snowe For Senate

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement
Contribution

Candidate Name
Sen. Olympia J. Snowe

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 11378860

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. John Lewis For Congress

Mailing Address 2015 Wallace Rd. Sw

City Atlanta State GA Zip Code 30331

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: 11378881

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Goode For Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virgil H. Goode, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 5

Transaction ID: 11378891

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lewis For Congress Committee

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerry Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Transaction ID: 11378887

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Marion Berry For Congress

Mailing Address P.O. Box 8084

City
Jonesboro

State
AR

Zip Code
72403

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marion Berry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 1

Transaction ID: 11378867

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. DAKPAC

Mailing Address 607 14th St., NW
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11378834

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Schwarz For Congress

Mailing Address Post Office Box 2063

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Schwarz, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 7

Transaction ID: 11378885

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11378835

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of George Allen

Mailing Address PO Box 6859

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Contribution

Candidate Name
Sen. George F. Allen

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: VA District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11378857

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Udall For Us All

Mailing Address P.O. Box 208

City Santa Fe State NM Zip Code 87504

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tom Udall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 3

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11427639

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 11427677

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Rep. Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 11427633

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Rep. Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 11444394

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address PO Box 775

City
Marmora

State
NJ

Zip Code
08223

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank A. LoBiondo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 2

Transaction ID: 11427686

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Political Hall of Fame PAC

Mailing Address 1717 Dixie Highway Suite 180

City
Ft. Wright

State
KY

Zip Code
41011

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11427629

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City
New York

State
NY

Zip Code
10022

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11427632

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

5000.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 11422674

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City
Stonington

State
CT

Zip Code
06378

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert R. Simmons

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 11422676

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City
Monticello

State
IN

Zip Code
47960

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: 11422679

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Barrett For Congress

Mailing Address P.O. Box 869
PO Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
Contribution

Candidate Name
Rep. J. Gresham Barrett

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 3

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11422680

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Buckeye PAC

Mailing Address 856 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
2005 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11422672

Date of Disbursement

07 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 4

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11444401

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Pence Committee

Mailing Address P. O. Box 408

City
Anderson

State
IN

Zip Code
46015

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael R. Pence

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 6

Transaction ID: 11444397

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

56850.00